

OSCAR REPORT 3
HISTORY FACILITY PROFILE

WEST MILLARD CARE CENTER PROVIDER #: 46A062 FACILITY BEDS TYPE ACTION: RECERTIFICATION
275 WEST 100 SOUTH PHONE NUMBER: (435) 864-2944 TOTAL: 36
DELTA UT 84624 PARTICIPATION DATE: 11/01/1991 CERTIFIED: 36 TYPE OWNERSHIP: GOVERNMENT - COUNTY
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 12/04/2002	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 36			
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TOTAL: 33	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 0	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 26				36	
OTHER: 7					

CURRENT SURVEY REVISIT DATES - 02/05/2003

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
09/1999		12/2000		01/2002		12/04/2002			
						X C	D	01/29/2003	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
						X C	B	01/29/2003	REQ F0273-FREQUENCY OF ASSESSMENTS - NO LATER THAN 14 DAYS
						X C	B	01/29/2003	REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
						X C	D	01/29/2003	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	D								REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	E						REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
				X	D				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
									REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG

EDITION OF LSC APPLIED				PLAN/DATE	LSC DEFICIENCIES - BLDG NO. 01
PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	OF CORRECTION	
07/1999	12/2000	01/2002	12/10/2002		
			X C	12/12/2002	K0012-CONSTRUCTION TYPE
X			X C	12/12/2002	K0018-CORRIDOR DOORS
			X N		K0025-SMOKE PARTITION CONSTRUCTION
			X C	12/23/2002	K0038-EXIT ACCESS
			X N		K0056-AUTOMATIC SPRINKLER SYSTEM
X					K0062-SPRINKLER SYSTEM MAINTENANCE
X			X C	01/18/2003	K0069-COOKING EQUIPMENT
	X				K0072-FURNISHING AND DECORATIONS
			X C	01/15/2003	K0073-FLAMMABLE FURNISHINGS
			X C	12/12/2002	K0076-MEDICAL GAS SYSTEM
X		X	X C	01/15/2003	K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	4	2	1	1
HEALTH TOTAL	4	2	1	1
LIFE SAFETY CODE	9	1	1	4
LIFE SAFETY CODE + HEALTH	13	3	2	5

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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05/06/1999	SUBSTANTIATED
06/15/2000	UNSUBSTANTIATED
11/01/2000	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY